

EM125015613US



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/564,269	
	Filing Date	February 22, 2006; Conf. No. 7392	
	First Named Inventor	Ryuichi Morishita	
	Art Unit	1633	
	Examiner Name	Scott D. Long	
Total Number of Pages in This Submission	14	Attorney Docket Number	ANGES-9 (003734-0059-101)

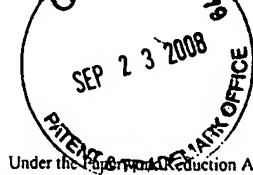
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment and Response to FINAL Office Action <input checked="" type="checkbox"/> Notice of Appeal <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08a/b (w/160 cited references)	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): And Postcard.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Ropes & Gray LLP	
Signature	<i>James F. Haley, Jr.</i>	
Printed name	James F. Haley, Jr.	
	September 23, 2008	Reg. No. 27,794

CERTIFICATE OF EXPRESS MAILING – Express Mail No. EM125015613US		
I hereby certify that this correspondence is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" under 37 C.F.R. 1.10 on the date indicated above and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
Signature	<i>Sarah Schlie</i>	
Typed or printed name	Sarah Schlie	Date 9/23/08

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2008

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **\$255.00**

Complete If Known

Application Number	10/564,269
Filing Date	February 22, 2006; Conf. No. 7392
First Named Inventor	Ryuichi Morishita
Examiner Name	Scott D. Long
Art Unit	1633
Attorney Docket No.	ANGES-9 (003734-0059-101)

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims - 20 or HP = Extra Claims x 25.00 = Fees Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = Extra Claims x 105.00 = Fees Paid (\$)

IIP = highest number of independent claims paid for, if greater than 3

Small Entity	
Fee (\$)	Fee (\$)
50	25
210	105
370	185
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
185.00	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets /50= Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

4. OTHER FEE(S)

Notice of Appeal

Fee Paid (\$)
255.00

SUBMITTED BY

Signature	<i>J. F. Haley Jr.</i>	Registration No. 27,794 (Attorney/Agent)	Telephone 212-596-9000
Name (Print/Type)	James F. Haley, Jr.	Date	9/23/08

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